

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010222

FILED
May 01, 2007
Secretary of State

Entity Name: LEXINGTON MIDDLE SCHOOL PARENT TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

16351 SUMMERLIN RD
FT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

16351 SUMMERLIN RD
FT MYERS, FL 33908

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BUCKLEY, J PATRICK ESQ
163 SOUTHEAST 47TH TERR
CAPE CORAL, FL 33904 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ESPOSITO, MARIA
Address: 11566 PLANTATION PRESERVE CIRCLE
City-St-Zip: FT MYERS, FL 33912

Title: VD () Delete
Name: MCALPINE, RANDI
Address: 197 CAL COVE DR
City-St-Zip: FT MYERS, FL 33919

Title: SD () Delete
Name: BOHL, MAUREEN
Address: 9470 GLADIOLUS PRESERVE CIRCLE
City-St-Zip: FT MYERS, FL 33908

Title: TD () Delete
Name: BENNETT, LENORE
Address: 26825 LOST WOODS CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA ESPOSITO

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date